

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050012

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: ILOCANDIA, INC.

## Current Principal Place of Business:

6001 ARGYLE FOREST BLVD, STE 21  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

9526 ARGYLE FOREST BLVD  
STE B2  
JACKSONVILLE, FL 32222

## Current Mailing Address:

9526 ARGYLE FOREST BLVD STE B2  
JACKSONVILLE, FL 32222

## New Mailing Address:

9526 ARGYLE FOREST BLVD  
STE B2  
JACKSONVILLE, FL 32222

FEI Number: 06-1697405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELINA, BENJAMIN  
6001 ARGYLE FOREST BLVD, STE 21  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

LELINA, BENJAMIN  
9526 ARGYLE FOREST BLVD  
STE B2  
JACKSONVILLE, FL 32222 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BENJAMIN LELINA

03/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LELINA, BENJAMIN  
Address: 6001 ARGYLE FOREST BLVD, STE 21  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: LELINA, TERESITA  
Address: 6001 ARGYLE FOREST BLVD, STE 21  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN LELINA

PRES

03/11/2005

Electronic Signature of Signing Officer or Director

Date